CLAIMS ONLY	Application Number 10/053460	Filing Date
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	1						51							
2							52							
3							53							
4							54							
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9							59							
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11							61							
12	1						62							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	2						Total Indep							
Total Depend	11						Total Depend							
Total Claims	13						Total Claims							